163RD

ANNUAL REPORT

OF

THE SOCIETY OF

THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK

FOR THE YEAR

1961

530 EAST 70th STREET, NEW YORK 21, N. Y.

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HISTORICAL DATA

The New York Lying-In Hospital was incorporated on March 1, 1799, and opened its doors to receive patients, at No. 2 Cedar Street, in August of that year.

Its association with The New York Hospital dates from 1801. Dr. David Hosack, who was the prime mover in the founding of The Society of the Lying-In Hospital, was an attending physician at The New York Hospital and he brought about a lying-in ward in the latter hospital to which the subscribers to the Lying-In Hospital "had the liberty to recommend patients."

This relationship continued until 1827, when the two institutions, "inconveniences having arisen," parted for one hundred and one years. Each then went its own way, moving further uptown, each into its own enlarged quarters, and remained independent until 1932, when The New York Hospital-Cornell Medical Center was built and opened on York Avenue between East 68th and East 71st Streets.

In 1928 an agreement was executed between the two societies whereby The Lying-In Hospital became permanently included in this new medical center, as an integral part of The New York Hospital. Thus The Lying-In Hospital, without formal merger, became the Obstetrical and Gynecological Department of The New York Hospital.

The 1928 agreement stated "unless and until a merger or consolidation of the two institutions shall be effected, the maternity unit to be conducted by The New York Hospital shall be continued to be known and designated as the 'Lying-In Hospital'."

On May 15, 1947, pursuant to Chapter 223 of the Laws of 1947, State of New York, The Society of the Lying-In Hospital was legally merged into The Society of the New York Hospital, and thereby became the Department of Obstetrics and Gynecology of The New York Hospital.

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*To July 1, 1961. †To April 1, 1961. ‡To Feb. 1, 1961.

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* To September 1, 1961.

REPORT OF THE PRESIDENT

It is with great pleasure that I present, for the Board of Governors of The Society of the New York Hospital, the 163rd Annual Report of the Lying-In Hospital.

Dr. R. Gordon Douglas, Obstetrician and Gynecologist-in-Chief, describes in detail in the following sections the activities and accomplishments of the Lying-In Hospital for the busy year of 1961, a most productive one.

The Department of Obstetrics and Gynecology this year completes thirty years of service at its present location. Over that period, with little increase in bed capacity, it has been able almost to double the number of patients cared for annually, with no compromise in the excellence of the service rendered. Dr. Douglas notes that there were 4,974 deliveries this year, as against 2,620 in 1933, and that Lying-In service accounts for nearly 10 per cent of all births in the Borough of Manhattan, a significant contribution.

Considerable remodeling was undertaken during the year to provide nitrous oxide and oxygen in the delivery and operating rooms, make available a new sterilizing room, establish facilities for the disposal of linens and the cleaning of instruments in areas adjacent to delivery rooms. New flooring was placed in the delivery suite, the corridors tiled and other work completed without interruption of patient care. The rooming-in modules were in full use throughout the year and interesting results in better nursing care and safety from infection were observed.

Extensive and productive research projects were carried on throughout the year by various staff members, all of which are fully summarized. Statistical results are enumerated for those interested in more complete details.

Following Dr. Douglas's report are the interesting and informative reports of the Nursing Service, the Ladies' Auxiliary and the Social Service Department of the Lying-In Hospital, all convincing evidence of the devotion and effort of those deeply interested in the well-being of the Hospital. I cannot commence to express the depth of my appreciation for the long hours of effort given by these ladies, a devotion well beyond the call of duty.

Speaking for the entire Board of Governors, I wish to express sincerely grateful thanks to all who contributed so generously of their time and interest in advancing the work of the Lying-In Hospital. 1961 was a year of solid accomplishment.

FREDERICK K. TRASK, JR., *President*

REPORT OF THE OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor of presenting herewith the 163rd Annual Report of The Lying-In Hospital of the City of New York for the year 1961.

It will be thirty years on September 1, 1962 since the hospital opened its doors for the admission of patients at its present location. It is interesting to read in the annual report for 1933, the first full year of operation, that there were 2,620 deliveries and the pavilion occupancy rate was almost 90 per cent. The prediction was made at that time that service could not be extended to more patients without jeopardizing good care. It is significant that during each of the past three years almost twice that number were provided good care with essentially the same bed complement. This accomplishment was made possible by the many new developments introduced during the intervening years.

As will be indicated later in this report, considerable modernization has been accomplished, for which we are most grateful, but renovation of the Out-Patient Department is urgently required.

Bed Complement and Occupancy Rates

The bed complement was increased from 196 to 199 on July 1, last. This increase was made possible by the addition of three new semiprivate beds in the solarium on pavilion M-6, normally reserved for private patients. This was necessitated because the high occupancy rate on this pavilion frequently made it necessary to admit private patients to the semiprivate floor. Following delivery it was frequently necessary for these women to stay on the semiprivate floor for one, two or three days. This proved to be an unhappy situation for many of the patients involved, because their babies were transferred from the delivery room to the nursery on M-6. The provision of these new beds has almost eliminated this practice and has added greatly to patient satisfaction.

The rate of bed occupancy was 66.7 per cent on the pavilion service, 87.9 per cent on the private service, and 93.3 per cent

on the semiprivate service. The corresponding figures for the year 1960 were 68.4, 85.1 and 88.7 per cent respectively. These data are significant in that they represent a continuation of trends in recent years. The high occupancy rate on the semiprivate service was made possible by the occasional utilization of pavilion beds. This unfavorable trend in the occupancy rate of pavilion beds indicates the necessity for a more intensive approach to the problem of increasing admissions to this service. Efforts to increase the number of obstetrical patients have been reasonably successful, specifically, the arrangement with Metropolitan Hospital whereby certain of their obstetrical patients are transferred to our service at the time of registration. However, the efforts to increase the number of gynecological patients have not been successful. Renovation of the Out-Patient Department with the installation of modern facilities and improved service may well be the answer to this disturbing problem.

Statistics

Total discharged patients, including newborn, numbered 13,862 during the year as compared with 13,712 in 1960. Adult discharges were 8,827, some 194 more than in the previous year. Of these, 6,129 were obstetrical and 2,698 gynecological patients. Total private-semiprivate discharges constituted 55 per cent as compared to 45 per cent from the pavilion service. This latter figure compares to 46.1 per cent for 1960. These data also lend support to statements made in the previous paragraph.

There were 6,134 discharged patients involving 5,531 pregnancies from the obstetrical service during the year. There were 4,974 deliveries as compared to 5,004 during the year 1960. Total live births for the year numbered 4,979. Live births in Manhattan for the same period numbered approximately 50,300, and accordingly those on our service represent almost 10 per cent of all births in this borough.

Spontaneous abortion (miscarriage) and the premature onset of labor, among the chief causes of pregnancy wastage, represent two of the most important unsolved problems in human reproduction today. Our statistical data indicate the importance of pregnancy wastage on our service. The 547 pregnancies that terminated in spontaneous abortion represent 9.9 per cent of the total pregnancies. In addition, the 390 pregnancies terminated by premature onset of labor resulting in the birth of premature infants, represent 7 per cent of the total pregnancies. Thus 16.9 per cent of all pregnancies were terminated by spon-

taneous abortion or premature delivery. The further significance of prematurity is attested to by the fact that of the total of 138 perinatal deaths, 100 occurred in premature infants.

There were 252 cesarean sections performed compared to 286 in the year 1960. This represents an incidence of cesarean section of 5.1 per cent as compared to 5.7 per cent in 1960. On the semi-private-private service this was a decrease from 7.4 per cent in 1960 to 6.5 per cent in 1961 and on the pavilion service from 4.1 to 3.7 per cent. It is significant to note that 21 of these operations were done on an indication that was nonexistent a few years ago, i.e. previous Shirodkar operation.

Of the 5,531 pregnancies cared for, 4,342 were white (78.5 per cent), 462 Puerto Rican (8.4 per cent) and 679 Negro (12.3 per cent). Other ethnic groups numbered 48 (0.8 per cent). These figures are important in evaluating the statistical results because of the somewhat lower maternal and perinatal mortality rate in the white race in this area.

There were 6,129 adult obstetrical discharges as compared to 6,041 in 1960, a numerical increase of 88 (1.5 per cent). It is gratifying to record that 50.5 per cent of the obstetrical discharges were from the pavilion service as compared to 49.6 per cent of the total in 1960. There were 2,698 discharges from the gynecological service as compared to 2,592 in 1960. This represents an increase of 106 or 4.1 per cent. The total adult discharges from both services increased from 8,633 in 1960 to 8,827 in 1961, an increase of 194 or 2.2 per cent. Of the total discharges on the gynecological service, 67.6 per cent were private or semiprivate and 32.4 per cent were pavilion. It is disturbing to note that while the actual number of gynecological patients increased 4.1 per cent, the number of pavilion discharges represented only 32.4 per cent of the total. This represents a precariously low percentage of pavilion patients in comparison to the total load of private and semiprivate patients. These trends were graphically illustrated in the 162nd annual report of the Society of The Lying-In Hospital for the year 1960. Patients on the pavilion service constitute the backbone of the clinical material employed for teaching both at the undergraduate and graduate levels, and any decrease in the percentage of such patients must be viewed with great concern.

The perinatal mortality consisted of 138 of 5,030 infants (including multiple births) weighing 500 or more grams (1.1 pounds). This represents a total perinatal mortality rate of 2.7 per cent, which is the same rate that prevailed for the year

1960. Of the 138 infant deaths, 100 or 72.5 per cent occurred in premature infants. Only 38 of the deaths were in infants that were of term size (over 2,500 grams), and significantly only 22 occurred in infants weighing 3,000 or more grams (6½ pounds). There were 35 immature infants, (weighing 500 to 999 grams (less than 2.2 pounds)) and there were three survivors. There were 8 more infants in this group in 1961 than in 1960. If the infants under 1,000 grams are excluded, the perinatal mortality for all infants weighing over 1,000 grams was 2.1 per cent for 1961 as compared to 2.2 per cent for 1960. For infants 1,500 or more grams, the perinatal mortality was 1.5 per cent as compared to 1.7 per cent in 1960. In term infants weighing 2,500 or more grams (5½ pounds), the perinatal mortality was 0.8 per cent as compared to 0.9 per cent for the year 1960.

The total number of patients pregnant out of wedlock, receiving case work by our Social Service Department, numbered 660 compared to 578 in 1960. Of this total, 125 were undelivered at the end of the year. The number of out-of-wedlock patients cared for on our service has increased each year for many years. Many of these patients require a great deal of time on the part of the members of the Social Service Department. It is of interest that 292 of these infants were kept by the mother and 135 were placed through recognized agencies. Excluded from the total of 660 are those patients who sought information only from the Social Service Department and those who were not accepted for care by their own choice in this institution. Of the total group of 660 patients, 278 were white, 267 were Negro, and 115 Puerto Rican. Among the 4,974 patients who delivered in 1961, 336 or 6.8 per cent had never been married.

In contrast to 1960, when there were no maternal deaths, there were three deaths to be counted in this category and one other that occurred more than 6 weeks postpartum owing to pre-existing disease. They are briefly summarized as follows:

The first patient, age 33, with known sickle-Hb C disease manifested by multiple mild crises since childhood, incurred a well-defined crisis at the 36th week of pregnancy and died undelivered following multiple Jacksonian seizures. Permission for autopsy could not be obtained.

The second patient, 20 years of age, was admitted to the service at the 18th week of her second pregnancy with a diagnosis of acute proliferative glomerulonephritis, later confirmed by renal biopsy. The uremia improved temporarily, and labor

intervened some nine weeks prior to the expected date of confinement with the birth of a 1,280 gram fetus that survived. Despite an intensive therapeutic regimen, the patient died 101 days after admission and 23 days following delivery. Autopsy confirmed the diagnosis.

The third death occurred in a 28-year-old patient admitted in shock caused by hemorrhage from placenta previa. She was delivered by cesarean section and was given 5 units of blood. The postoperative course was uncomplicated and she was discharged on the ninth day following operation. She was readmitted 38 days after delivery. Rapid deterioration followed and she died 36 hours after admission. Autopsy revealed massive necrosis of the liver.

The fourth patient, age 22, gave a history of pyelonephritis since childhood and hypertension since age 12. Renal function was impaired and B.U.N. elevated. Delivery was uncomplicated. She was discharged on the tenth postpartum day to be readmitted in uremia 18 days later and died of renal failure on the 44th day following delivery. Permission for autopsy was unobtainable.

On the gynecological division of the hospital, there was a total of 2,698 discharges as compared to 2,592 in 1960. There was a total of 2,447 operations, 916 of them classified as major.

There were ten deaths on this service during the year, seven in patients with malignant neoplastic disease. The causes of death of these patients were as follows: carcinoma of the cervix 3; uterus 1; ovary 1; vagina 1; rectosigmoid 1. During the year 263 patients were admitted with a diagnosis of gynecologic cancer. Of these, 133 were new cases seen for the first time during the current year.

There were three deaths in patients who did not have malignant disease, one caused by peritonitis, one due to pulmonary embolism, and one associated with arteriosclerotic cardiovascular disease.

Physical Changes

Remodeling of the delivery floor was commenced on November 1st with a schedule calling for completion of the work at the end of the year. Unfortunately, for a number of reasons, this was not accomplished. The reconstruction included the installation of nitrous oxide and oxygen to the delivery rooms and the operating rooms, a new sterilizing room, and facilities for disposal of linen and cleaning of instruments in two areas adjacent to the delivery rooms. The delivery suite was re-floored,

the corridors tiled and new lighting installed. New wash basins were placed in those delivery rooms that did not have this facility. The floor continued to operate fully during the construction despite many trying situations for both professional and ancillary personnel. This work was accomplished without interruption of the care of patients and without hazards to them.

Pavilion M-5, a large gynecological floor with 42 beds, usually has a low census during the latter part of December. This time was utilized for repainting and complete replacement of all floors.

The Out-Patient Department is located on the sub-basement floor of this division of the hospital and has had little or no improvement during the last 30 years. This location below street level makes adequate ventilation difficult because traffic noise and air pollution make it virtually impossible to open the windows. The same areas in this department are used continuously throughout the day, different types of clinics utilizing the same facility morning and afternoon. Enlargement, complete reconstruction, and modern furnishings are urgently needed, as has previously been pointed out. The decline in the number of gynecological patients should give this problem a high priority rating with respect to the time.

Nurseries

The extensive Pavilion M-3 reconstruction referred to in last year's Annual Report was completed toward the end of 1960, and the floor has been in full operation since January 7, 1961.

The new unit, consisting of six modules, each accommodating four mothers and their babies, has been well received by the patients as well as by the attending and nursing staffs. From the mother's standpoint, the fact that she has easy access to her infant, and that she can see the baby at all times is a desirable development. The same nursing staff is able to provide better care and supervision for both the mother and her baby. This concept of nursing has been enthusiastically accepted by the patients and their husbands.

Preliminary data indicate that the goal of increased safety from infection has been achieved. Infants have been singularly free from contagion, as determined by extensive microbiologic investigation both during their stay in the hospital and after their return home. The incidence of microbial disease in 1961 in the infant population on Pavilion M-3 was by far the lowest since studies were initiated on that floor in 1956.

The Pavilion M-1 nursery, which provides eight units of four bassinets, has now been in operation for three years, has continued to demonstrate that its design effectively minimizes cross-infection. The M-2 units, which represent a modification of the M-1 design, having four units with eight bassinets, have proven superior to previously available facilities, but detailed studies have continued to support the concept that the M-1 design is more effective in protecting the infants from infection without increasing the workload of the nursing service.

Staff

Dr. Ralph Gause was appointed Director of Obstetrics and Gynecology to the Roosevelt Hospital effective January 1, 1962. This will become a full-time position in 1963 when new facilities for the department are scheduled for completion.

Dr. Cyril Marcus rejoined the staff on October 15 following the completion of his service in the Navy. Dr. Stewart Marcus was appointed to the staff as Assistant Obstetrician and Gynecologist on the same date. Dr. Elaine R. Grimm, PhD., Research Associate, resigned as of August 31 to pursue further studies in psychology elsewhere. Dr. Samuel F. Ryan completed his five-year resident training program on June 30. He was awarded the first Kennedy Travel Fellowship presented by the American Association of Obstetricians and Gynecologists to pursue studies abroad for one year. Dr. Ryan is presently in Manchester, England, studying radiobiology and radiotherapy. Dr. A. Garland Jonas completed his five-year resident training program on June 30. Dr. Herbert A. Dietzel completed four years of training on June 30, at which time he joined the armed forces. Dr. Charles H. Hirsh, and Dr. Leonard LaBua joined the armed forces on July 1 after completion of three years' training on the resident staff.

Teaching

A series of eight films was produced by the U. S. Army Institute of Research in Washington, D. C. at Walter Reed Army Hospital. The format and text were arranged, enacted, and narrated by Dr. Edward H. Dennen. The object was to present visually and audibly a course of instruction in the use of obstetrical forceps.

The subject matter deals with the prerequisites and the classification of the various operations according to the station of the head and its significance in the different types of pelves.

There is a detailed presentation of the construction, advantages, disadvantages, and technic of use of the different types of instruments for the different positions and attitudes of the head, and the criteria for choice of instrument best suited for the particular conditions. The technic is illustrated first by a series of colored drawings and followed by a demonstration of the various procedures on the manikin.

Research

Research conducted in the chemistry laboratory of the Lying-In Hospital by Dr. Bonsnes and associates has covered several different topics. During the year several unusual obstetrical patients with severe renal disease were under observation. It was possible to follow many aspects of changing metabolic patterns and kidney function in these patients. One of these was a patient developing the nephrotic syndrome following the onset of acute glomerular nephritis in the 20th week of pregnancy. Another was a patient with a salt-losing pyelonephritis, and a third, one with many complications following induced abortion. This last patient was maintained on intravenous therapy for 41 days while she was unable to tolerate anything by mouth. Drs. Bonsnes and Hardy are preparing for publication a summary of this patient's clinical course and changing metabolic patterns.

Records were reviewed of all patients with elevated blood urea nitrogen levels who were in the hospital during the years 1955–1959. From these, those with definite chronic renal disease were selected. The course of these patients during pregnancy and the fetal outcome were evaluated. The data obtained from these evaluations of this five-year period indicated that it would be worthwhile to evaluate at least another five-year period before making any interpretations for publication.

Mr. Joel Winkle, now a third-year medical student, spent the summer determining the fetal hemoglobin in blood obtained from the vaginas of patients with last trimester antepartum bleeding in an attempt to determine whether this parameter could be used as an indicator of the qualitative and quantitative extent of fetal bleeding. The data collected suggested that the determinations of fetal hemoglobin in vaginal blood can be used as an indication of fetal bleeding. One of the methods used for the determination of the fetal hemoglobin was the preparation of a blood smear from which adult hemoglobin is eluted from red cells with citrate buffer. This technic might be applicable

to the routine determination of the amount of fetal hemoglobin in vaginal blood.

A survey has been carried out of the amount of the enzyme which splits the synthetic dipeptide, cystinyl naphthalamide, (called "oxytocinase" by some), present in the serum during pregnancy. Results obtained confirm those reported by others. A rapid turbidimetric method published by others for the determination of fibrinogen has also been evaluated. This method is the first rapid one found suitable by us for use on an emergency basis for the quantitative determination of fibrinogen in those situations in which fibrinoginopenia is suspected.

Drs. Sweeney and Douglas have reviewed, reported and submitted for publication a study on 102 selected patients with carcinoma of the cervix, mostly Stages I and II treated with combined radiation and extensive pelvic surgery from 1948 through 1956. In 60, or 58.8 per cent, there was no residual cancer in the hysterectomy specimen or nodes. In 37, or 36.3 per cent, there was residual cancer; and in 17, or 16.77 per cent, the lymph nodes contained tumor.

The five year survival for Stage I was 82.1 per cent; Stage II, 66.7 per cent; and Stage III, 22.2 per cent. The five year survival with positive nodes was 35.2 per cent. Our fistula rate was 14.7 per cent, and our operative mortality 2.9 per cent. The data appear to support a continuation of the project on a selective basis.

Dr. Sweeney is also pursuing additional studies including one on the anatomy of the interstitial portion of the oviduct and one concerning obstetrical and gynecological problems in patients with multiple sclerosis.

The investigation of uterine mechanisms in abortion and premature labor directed by Dr. Mann has been considerably expanded during the past year. Utilizing newer electronic and optical techniques, both normal and abnormal reaction patterns of the corpus, isthmus, and cervix are being studied at more basic levels. Myometrial activity in the intact, nongravid uterus is being recorded by way of a microminiaturized broadcasting unit which is inserted into the uterine cavity. This device is proving to be uniquely useful not only in recording uterine and isthmic contraction patterns in varied relation to the phases of the menstrual cycle, but in recording the modifying effect of various pharmacologic agents upon these patterns. Aberrant patterns are being correlated with such syndromic phenomena as dysmenorrhea in the nonpregnant state and with such phe-

nomena as cervical incompetence and premature labor in the pregnant state. Concomitant studies of the nonpregnant cervix are being done through the use of the electron microscope and new histochemical techniques. The cervical studies, which represent a collaborative effort with the Department of Anatomy, entail a searching investigation of the changes which occur in cervical collagen and ground substance during the various phases of the menstrual cycle and during the various phases of pregnancy. Particular emphasis is being placed upon the fine structure changes involved in the process of both premature and term cervical effacement, and the relation of this process to a neurohumeral effector substance which appears to be present in the amniotic fluid.

Associated with Dr. Edward Mann in the over-all study, are Dr. George Chapman, of the Department of Anatomy, Dr. Clayton Thomas, Dr. James C. Warenski, Dr. Erskine Carmichael, Dr. William McLarn, Dr. Masao Nakamoto, Dr. John Queenan, and Dr. Jerome Brander of our own Department, and Dr. David Roseman of the Department of Medicine. Assisting in the study are two third-year medical students, Mr. Robert Wegryn and Mr. Charles Hull.

During 1961, a series of transfemoral percutaneous aortograms have been performed during the first week postpartum by Dr. Landesman and associates. The object of this study is to determine the frequency of renal artery stenosis or aneurysms in patients with toxemia of pregnancy. The type of toxemia most frequently associated with these lesions is hypertension with superimposed toxemia. It appears that the renal artery lesion offers a reasonable explanation for the hypertension and the toxemia syndrome. Thus, finding renal artery pathology at an early stage is important, for this may provide the opportunity for possible surgical correction before irreversible change occurs in the affected kidney and vascular system.

A study of the blood volume during the immediate postpartum period has been completed with the help of Dr. Walter Freedman and Mrs. Margaret Miller. Using two tracer elements, I^{131} and Cr^{51}, the plasma and the red blood cells have been simultaneously tagged. This double method in addition to the venous hematocrit, reduces the error that may be present with the previous dye technic or single tag method. Daily blood volumes under relatively basal conditions have provided further evidence of that which was suggested by some investigators, namely that about half of the normal postpartum patients have

plasma volume increases above 15 per cent and some as high as 30 per cent. In toxemic and in severely anemic patients, a more constant and larger elevation of plasma volume increments has been obtained. This study indicates that venous hematocrits on the 3rd–5th days postpartum may frequently be misleading because of the unchanged red-cell mass and the high plasma volume.

With the collaboration of Mrs. Margaret Miller and Mr. William Campbell, now a third-year medical student, a study of the rat meso-appendix technic for the biological titration of pressor materials in normal and toxemic pregnancy was attempted. Because of technical problems incurred in the 150 animals studied, the investigation was temporarily discontinued.

Miss Kathleen Wilson and Drs. Queenan and Nakamoto, are collaborating in a study to determine the backflow of blood following separation and expulsion of the placenta from the uterine cavity. Preliminary observations using tagged red blood cells and plasma suggest that under certain conditions of delivery, some of the contents of the uterine cavity are aspirated into the open maternal uterine sinuses. If this is true, fetal red blood cells, if present, may produce active immunization of the mother. One phase of the study is to determine the conditions that would provide maximum protection by immediate closure of the maternal sinuses. The roles of anesthesia and ecbolic agents in this phenomenon are being investigated.

In vitro studies of the uterine muscle are attempting to determine the muscle's contractility under standard conditions of time, temperature, and bathing fluid. The primary goal of this investigation is to elucidate the effect of oxytocin, vasopressin, and isoxsuprine (vasodilan) on the uterine muscle during pregnancy and the menstrual cycle.

The technic utilizing rat stomach muscle strip, one of the biological tissues most sensitive to pressor agents, will be standardized to determine presence of such materials in normal and toxemic pregnancy. The strip is sensitive to a standard solution of serotonin and histamine. Amniotic fluid as well as plasma specimens, as suggested by Hunter, will also be used as test materials.

Dr. Robert N. Melnick has continued his observations on over 100 patients with intraepithelial carcinoma of the cervix treated conservatively and a larger group with varying degrees of basal cell hyperactivity. None progressed from the latter to the former condition and none from the former group to invasive cancer. The significance of an apparent high estrogen

effect or infection in approximately three-quarters of these patients has not been determined. Dr. George N. Papanicolaou has been conducting the cytological phase of the study for several years and has continued to do so in his new laboratory in Miami.

Dr. Melnick, with the cooperation of Dr. Seybolt of the Papanicolaou Cytology Laboratory, has now surveyed by vaginal and cervical smears approximately 8,000 pregnant patients. No Class IV or V smears have been reported. Eleven Class III and 34 Class "deferred" smears have been obtained. Six cases of intraepithelial carcinoma of the cervix have been uncovered but no instance of invasive cancer has been found. This project will continue until a larger experience has been accumulated.

Dr. Robert Knapp continues to supervise the obstetrical cardiac clinic along with Dr. Lucien I. Arditi of the Department of Medicine. They have initiated a study of all obstetrical patients who underwent mitral valvulotomy during pregnancy. Another study on obstetrical patients with patent ductus arteriosus is being completed, and a report on it will be submitted for publication.

Drs. Knapp and Warenski have completed a one-year evaluation of dysfunctional labor. They are in the process of reviewing the accumulated data.

Dr. Walter L. Freedman, who initiated the Obstetrical Hematology Clinic in 1960, has undertaken a review of the material that has been seen up to this time. In conjunction with Dr. Jerrold Lieberman and Dr. Margaret E. Todd of the Department of Medicine, he has started a long-term clinical research project on coagulation mechanisms during pregnancy, labor and the puerperium.

Drs. Hardy and Queenan are using a simple slide technic to study the presence of fetal hemoglobin in blood obtained from patients with antepartum bleeding, particularly in the third trimester of pregnancy. An attempt is being made to correlate vaginal bleeding in the third trimester and intrauterine fetal blood loss.

Drs. Hardy and Queenan have been evaluating a simple chemical urine test for the determination of ovulation. This test, advocated by Sevag-Colton, is designed to predict ovulation. Studies to date have been inconclusive, although a positive response has been noted in 70–80 per cent of the ovulatory cycles studied by a modified technic.

Dr. Merkatz, in conjunction with the Department of Surgery,

has initiated a study of gastric function in the pregnant patient. This was prompted by a series of reported experiments in which animals demonstrated a marked postpartum rise in gastric acidity associated with suckling. A group of patients have voluntarily submitted to periodic gastric analyses throughout their pregnancies and in the puerperium. Nursing and non-nursing mothers are being compared. The results to date have been quite revealing, and appear to confirm a striking change in gastric function associated with lactation. If this is substantiated, it will pose interesting questions as to the mechanisms involved, and the clinical corollaries for the nursing mother.

Pathology

Dr. Elmer E. Kramer, with the assistance of Dr. E. William Davis, continues to be in charge of the departmental pathology laboratory. The number of slides processed increased from 11,479 in 1960 to 12,283.

Long-term visitors to the department who worked on various projects in the laboratory included Dr. Chodagam Rajeswari from India, Drs. Carlos Salvatore and Odile Pedroga from Brazil, and Dr. H. Figari from Peru.

The project of replacing teaching slides was completed and some new equipment installed to improve the efficiency of the laboratory.

I should like to express my sincere appreciation to all workers in this department whose loyal devotion to their duties has made it possible to render the best care to our patients. I am grateful for valuable assistance from Dr. Joseph C. Hinsey, Director of The New York Hospital-Cornell Medical Center; Dr. Henry N. Pratt, Director of The New York Hospital; Dr. John E. Deitrick, Dean of Cornell University Medical College; Dr. August H. Groeschel, Associate Director of The New York Hospital; Mr. Laurence G. Payson, Treasurer of The Society of the New York Hospital; Mr. Ernest F. Gamache, newly appointed Secretary of The Society of the New York Hospital; and Mr. Edward K. Taylor, Business Manager of Cornell University Medical College. The staff is most grateful to the Board of Governors of The Society of the New York Hospital and to the Ladies' Auxiliary to The Society of The Lying-In Hospital for their continued and generous support.

Respectfully submitted,

R. Gordon Douglas, M.D.
Obstetrician and Gynecologist-in-Chief

REPORT OF THE HEAD OF OBSTETRICAL AND GYNECOLOGICAL NURSING SERVICE

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I have the honor to present the Annual Report of the Nursing Service and Nursing Education for the year 1961.

Patient Care

Since most of the major reconstruction of patient units was accomplished in 1960 and very early 1961, patient care has continued at a more usual but rapid pace. Early in the year a premature extension center was established in an eight-bassinet division of the M-2 Nursery. Small infants weighing 2,000 Gm. to 2,250 Gm. were admitted for care. This additional space for premature infants has assisted the hospital by allowing for more admissions of infants transported from other hospitals as well as those born here and in need of very specialized care in the pediatric unit. A special training program in the care of premature infants was conducted for selected infant care technicians. The trainees have applied skills and knowledge to the care of these infants under supervision without difficulty. Careful selection of infants for this unit by the pediatrician has facilitated care greatly.

Near the close of the year renovation of the labor and delivery unit was started. Changes include redecoration of labor rooms, improvement of work rooms, and piping in supplies of nitrous oxide and oxygen in the delivery rooms. Plans are also being made for special facilities for those patients requiring close observation. At this time management of the unit has not been determined completely.

An unanticipated aspect of patient care has been the care of increased numbers of "boarder" infants. The number of infants awaiting family placement has ranged from five to fourteen since mid-year. These older infants occupy two four-bassinet divisions in M-1 Nursery and at times one to three bassinets in M-2 Nursery. Because of the mixture of newborn infants and older infants, the amount of nursing care time has been divided and an increased number of infant care technicians has been necessary. The usual size plastic bassinet used for newborn infants is not suitable for the older infant and improvisations

have had to be made. Feedings have also necessitated special planning. It has not been possible to meet fully other developmental needs of these growing infants, particularly emotional growth needs. If this situation is to be continued, more serious consideration will need to be given to the disposition of these infants, to more suitable accommodations, and to more appropriate nursing care.

The new twenty-four bed unit for "rooming-in" has proved very satisfactory to families. Many mothers with first babies have been there, but a good number of "repeaters" have returned. The latter group has been very pleased and gave the nursing staff valuable comparisons of the old and new accommodations.

Continuity of Care

Nursing referrals, both within the hospital and to outside public health agencies, have continued at a steady rate. The special nursing position of Coordinator of Maternal and Child Health Services has been deleted. This position had been in existence for the past three years for the sole purpose of initiating a better plan of nursing referral. Once the plan was operating on a sound basis this very important part of patient care has been maintained at a high level by each nursing supervisor and her staff.

Parent Education

During the year, 740 women completed the course in preparation for labor. Five hundred eighty-one were private or semi-private patients and 159 were clinic patients. These figures are approximately the same as in former years. Classes for patients from Dana House have been successfully instituted.

Three hundred thirty-eight couples attended the "Couples' Review of Labor" sessions. Eighty-six percent were private or semi-private patients and 14 percent were registered as clinic patients.

The average number of requests for classes has been calculated to be 85 per month. However, due to a shortage of secretarial assistance during the year many more requests have probably not been tabulated. An average of 11 classes were conducted each week. Two full time instructors continue in the program.

Numerous individual requests were directed to the instructors. Sixty families requested exercise sheets because they were unable to attend classes. Sixty women who were not planning to deliver

at The New York Hospital called to request classes. These, of course, were referred to other agencies. Twenty-five requests were for names of physicians who would support "natural childbirth." Twelve requests were for names of physicians who would agree to class attendance in Preparation for Labor. Advice on the latter requests was sought from Dr. Douglas. Five inquiries were made seeking "rooming-in" facilities as a prerequisite to choosing a hospital.

Requests for observation of preparation for labor classes have continued to mount. Planned observations for staff nurses, visitors and students (graduate and undergraduate) were made throughout the year. Because of inadequate classroom facilities, and the number of requests, not all persons could be accommodated. The department is looking forward to newly constructed classroom facilities in the coming year.

Postpartum class schedules for mothers have been altered because of lack of classroom space. Baby care demonstrations are now offered only twice weekly rather than three times. The classroom used formerly is now needed for medical student classes and the pediatric nursing service. The reduction of classes has produced larger attendance at the other posted times and many mothers, depending upon day of discharge, are unable to attend.

Staffing

Staffing varied tremendously throughout the year, ranging from a shortage of −8.7 at the close of the year (1960) to −31.9 in July and August (1961). This amount of shortage was equal to that experienced in 1958. The intervening years 1959 and 1960 were among those with the best staffing conditions for the department since the war years. At no time during the year was the authorized complement of staff of 112 professional nurses reached. Despite these shortages patient care was not interrupted and all staff are to be complimented for the fine work they have done. Many nurses made alternate plans for their vacations during the most critical part of the shortage in July, August, and September and gave willingly many extra hours of service.

Staffing the gynecologic floors remains the most difficult problem. Most nurses coming to the Center want maternity experience only. By following an arrangement of temporary assignment to gynecology, new nurses have been willing to give a period of three months to this kind of patient care. However, such an arrangement produces constant turnover of staff and continual need for reorientation.

Nursing Education

Undergraduate Professional Program

This past year has been a very active one for the faculty in maternity nursing. A new plan for offering selected learning experiences has been developed. During the Fall term, September-December, a small pilot group of students experienced the new pattern of study and practice. The new arrangement consists of a more concentrated beginning period of theory and selected patient care experiences followed by a period of practice virtually free of class time. Results in student and faculty evaluations are very favorable, but until this type of experience can be offered to the total group of students (approximately 30 students per term) definite conclusions cannot be made.

Graduate Nurse Field Students

Graduate nurse students from Teachers College, Columbia University have continued to receive field experience in maternity nursing. All students receive special patient care experience and observations. This year nine students observed preparation for labor, pre-natal care, labor and delivery and nursery care along with receiving special experience in "rooming-in" and labor and delivery. An additional ten students observed only preparation for labor. Two students received practice teaching experience with undergraduate students this past summer.

Practical Nurse Students

Thirty-one practical nurse students from the Hospital for Special Surgery School completed the required five-week experience in maternity nursing. In the past year four graduates of the program joined the staff. This is a considerable increase over former years.

Infant Care Technicians

Approximately 100 infant care technician students from The New York Foundling Hospital program completed a two-week experience in newborn infant care. This program continues to be a source of recruitment for infant care technicians.

Special Visitors

Other nursing schools and hospital staff members from and around New York City have continued to request guided tours

of our patient care facilities and discussion of comprehensive maternity nursing. The following groups visited during the year:

Maternity Center Association, Student Nurse-Midwives, New York City
Hackensack Hospital School of Nursing, New Jersey
Lincoln Hospital School of Nursing, New York City
Brooklyn College School of Nursing, New York City
Seton Hall, New Jersey
Holy Name Hospital School of Nursing, New Jersey
Muehlenberg Hospital, New Jersey
Mount Sinai Hospital, New York City

Special Contributions

A number of requests were received during the year for members of the staff to serve as consultants, speakers at meetings, leaders at workshops and institutes throughout the country. Because of instructor-supervisor shortage many of the requests could not be met. However, assistance was provided in answer to local requests from The Maternity Center Association, Child Study Association of America, and the University of Pennsylvania.

I would like to take this opportunity to thank the Ladies' Auxiliary for their willingness in letting the Nursing Service use the Board Room. This has provided space for head nurse and supervisor meetings as well as selected in-service educational programs throughout the year. On behalf of the entire nursing service, I should like to thank the many individuals, service departments, and community agencies who assisted us in giving patient care during the past year.

Respectfully submitted,

Audrey M. McCluskey
Head of Obstetric and Gynecologic Nursing Service

REPORT OF THE PRESIDENT OF THE LADIES' AUXILIARY

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I hereby present to you the Annual Report for 1961 of the Ladies' Auxiliary to the Society of the Lying-In Hospital.

From its main fund raising project, the Babies' Alumni, under the able leadership of Mrs. Elmer Kramer, received $9,057.85.

Dues from 1,197 new registrations amounted to $2,490.50, while 2,778 renewals netted $6,667.35. By comparison with 1960, there is a small decrease in income which, it is hoped, will be eliminated in the coming year.

The drop in new registrations resulted from operational difficulties during the various holiday seasons.

It has been necessary to employ a paid worker to cover the summer months and to assist during the winter.

The Babies' Class, directed by Mrs. Graham Hawks, increased its income slightly. We are indebted to Mrs. Hawks for the excellent results. They are as follows:

14 New Memberships.....	$ 28.00
69 Contributions.....	69.00
188 Renewals.....	376.00
Total.....	$473.00

Mrs. Frank Polk continues to take charge of layettes and most generously donated funds to purchase supplies for the year, which amounted to $136.00. The layettes are given to ease the first homecoming days in an emergency situation. Two large and eleven small layettes were distributed in addition to WOR's most welcome Christmas gift of 118 layettes. We are appreciative of WOR's repeated generosity, which this year also included 25 layettes for premature babies. The yellow, pink and blue layettes, planned just for the going home trip, are unusually attractive.

The Board extends its thanks and appreciation again to the Danziger Fund for its renewed donation for orthopedic appliances. This year we were generously given $200.00.

Our warmest thanks go to the Treasurer, Mrs. Paul Pryibil, for her expert and faithful handling of our finances.

Mrs. David Barrows again conducted the Auxiliary's participation in the United Hospital Fund drive. The quota was $5,802.00 of which $4,913.00 from 157 gifts was raised, including $59.48 from Box Week. We are again grateful to the Mary Elizabeth restaurant and the Park View Market for permitting us to solicit funds there.

We are more than appreciative of the Board of Governors' continued financial assistance which made our operation possible.

Unending thanks go to Mrs. Virginia T. Kinzel and her staff, who have carried on their splendid work so courageously through the year.

Respectfully submitted,

A. ROUTH VON HEMERT, *President*

LADIES' AUXILIARY
TO
THE SOCIETY OF THE LYING-IN HOSPITAL

Statement of Cash Receipts and Cash Disbursements of the Treasurer for the Year Ended December 31, 1961

CASH BALANCE, January 1, 1961 (including General Fund with Treasurer of Ladies' Auxiliary $1,000 and the Abraham L. Danziger Fund $44.00)			$ —352.94
RECEIPTS:			
Dues:			
Associate	$ 50.00		
Patron	300.00		
Contributing	575.00		
Sustaining	510.00	$ 1,435.00	
Contributions:			
United Hospital Fund	$10,211.36		
Membership	17.00		
The Society of the New York Hospital	15,000.00		
Abraham L. Danziger Fund	200.00		
Others	197.29	25,625.65	
Babies' Alumni—Dues		9,057.85	
Babies' Class—Dues		473.00	
Payment by Patients:			
Cash Relief		30.48	36,621.98
Total Receipts			$36,269.04
DISBURSEMENTS:			
Salaries:			
Professional Staff	$26,514.96		
Clerical Staff	6,067.87	$ 32,582.83	
Supplies and Expense		1,310.40	
Medical Relief:			
Cash Relief	$ 81.49		
Appliances	37.73		
Other	13.68	132.90	
Purchase of appliances for Patients from Abraham L. Danziger Fund		103.00	
Total Disbursements			$34,129.13
CASH BALANCE, December 31, 1961 (including General Fund with Treasurer of Ladies' Auxiliary ($1,000 and the Abraham L. Danziger Fund of $141.00)			$ 2,139.91

Respectfully submitted,
HELEN PORTER PRYIBIL, *Treasurer*

LADIES' AUXILIARY
TO
THE SOCIETY OF THE LYING-IN HOSPITAL

1962

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Mrs. David N. Barrows . . . . . *Vice President*

Mrs. Paul Pryibil . . . . . *Treasurer*

Mrs. Graham G. Hawks . . . . . *Assistant Treasurer*

Mrs. William C. Cates . . . . . *Recording Secretary*

Mrs. Randolph Gepfert . . . . . *Corresponding Secretary*

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Mrs. Frederic Coudert

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Mrs. Allan S. Locke

Mrs. Paul G. Pennoyer

Mrs. Frederick Prince, Jr.

Mrs. John O. von Hemert

. . . . . *Chairman of Babies' Alumni*

Mrs. Graham G. Hawks . . . . . *Chairman of Babies' Class*

Mrs. Paul Pryibil . . . . . *Chairman of Ways and Means*

THE LADIES' AUXILIARY
TO
THE SOCIETY OF THE LYING-IN HOSPITAL

1962

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Mitchell, Mrs. Clarence Van S.
Moore, Mrs. Louis de Bebian
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Morgan, Mrs. Henry S.
Morgan, Mrs. Junius S.
Palmer, Mrs. Culbert
Pennoyer, Mrs. Paul G.
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Ruskin, Mrs. Richard

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von Hemert, Mrs. A. Philippe
von Hemert, Mrs. John
von Stade, Mrs. F. Skiddy
Watson, Mrs. George E., Jr.
Wellington, Mrs. Hergert G.
Whitridge, Mrs. Arnold
Wieche, Mrs. Robert E.
Woolley, Mrs. Knight

ENDOWED BEDS

1895 Mr. and Mrs. George G. Williams. *In Memory of* Mrs. Robert L. Stuart

1902 Anna Woerishoffer. *In Memory of* Antoinette, Countess Seilern

1912 Mrs. George P. Eustis. *In Memory of her mother*, Lucy Morgan Street

1912 Anna Woerishoffer. The Anna Woerishoffer Bed

1914 Lilla Gaites. The Marie Stuart Bed

1916 Henry Clay Frick

1928 Estate of Henri D. Dickinson. *In Memory of* Ida May Dickinson

REPORT OF THE DIRECTOR OF SOCIAL SERVICE

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I take great pleasure in presenting the Annual Report of the Social Service Department of the Lying-In Hospital for the year 1961.

The steady increase in the services rendered by our Department continued in the year 1961. A comparison of statistics for the past five years follows:

	1957	*1958*	*1959*	*1960*	*1961*
Total cases open	749	881	1,098	1,124	1,252
New cases referred	652	771	997	943	1,061
Unmarried mothers receiving service	164	271	521	578	660

Case loads became excessively large, as there were no additions to the staff. Frequently workers were carrying over 80 active cases. This was of great concern to us, since it is difficult to give adequate service under these circumstances. The Administration's approval of an additional medical social worker to the staff for 1962 is a source of relief and gratification. However, our case loads will continue to be higher than desirable.

Despite the pressure of their daily work, the staff members continued to keep the very interesting statistics regarding our unmarried mother group. These figures are of value not only to us but to many others who are seeking information regarding this rapidly increasing and nation-wide problem.

The following data selected from these statistics are of interest in showing the composition of this group and what happened to the babies:

Number undelivered from 1960	113
New patients referred	547
Total given service	660

Race: White—278 Negro—267 Puerto Rican—115

Patients pregnant OW more than once	175
Number who married father of child	34

Disposition of the baby (of the 535 who delivered):

Kept by mother	292
Placed through agencies	135
Private plans	2
Infant died	10
Patient aborted	15
Plan pending	2
Unknown	* 79

* Largely consensual marriages where mother planned to keep child and did not require our services.

Along with many others in the Center, we have expended a great deal of time and effort in trying to solve the problem of boarder babies. These are usually infants who are to be placed for adoption, but for whom pre-adoption homes are not available. They remain in our nurseries after their mothers have been discharged. In seeking a solution to this problem, we have conferred with many community agencies, including the Bureau of Child Welfare, the Citizens Committee for Children, the Greater New York Hospital Association, the Community Council of Greater New York and others. We hope that a plan for these babies will be forthcoming in the near future.

Participation in the teaching program of the hospital continued through lectures to medical students, student nurses, and the resident staff.

Our faithful volunteer group, led by members of the Ladies' Board, again made our Babies' Alumni Fund both successful and profitable. We are most appreciative of the many hours which they devoted to the work.

We also wish to thank the Danziger Fund for its continuing grant and the WOR Children's Fund for 118 going-home layettes.

Each year we take this opportunity to express our thanks to our co-workers in the hospital and in the community for their cooperation and help.

The Ladies' Board, Dr. Douglas, and the Administration gave unstintingly of their interest and support, and we are very grateful to all of them.

Respectfully submitted,

Mrs. Robert Kinzel
Director

PATRONS AND BENEFACTORS

A donor subscribing at one time to the funds of the Society the sum of five thousand dollars becomes a patron of the Society, and a person so subscribing the sum of five hundred dollars becomes a benefactor of the Society.

PATRONS

Harriette M. Arnold
Vincent Astor Foundation
Robert Bacon
George F. Baker
George F. Baker, Jr.
Edward F. Cole
Florence K. and
Maxwell M. Geffen
Baroness De Hirsch
Thomas W. Lamont
Mrs. Thomas W. Lamont
Lewis Cass Ledyard
Joseph F. Loubat
J. Pierpont Morgan
J. Pierpont Morgan, Jr.
George W. Perkins
Henry Phipps
Herbert L. Pratt
Daniel G. Reid
Thomas F. Ryan
Charles Steele
Cornelius Vanderbilt
William K. Vanderbilt
Payne Whitney

BENEFACTORS

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William Waldorf Astor
Mrs. Richard T. Auchmuty
Mrs. Elliott C. Bacon
Francis S. Bangs
Christopher M. Bell, M.D.
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Dunbar W. Bostwick
Mrs. Dunbar W. Bostwick
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Mrs. George E. Dodge
Mrs. George P. Eustis
Walter E. Frew
Elbert H. Gary
Edwin Gould
Mrs. George J. Gould
Walter S. Gurnee
William D. Guthrie
W. Pierson Hamilton
Mrs. W. Pierson Hamilton
Mrs. Charles W. Harkness
Mrs. E. Henry Harriman
Mrs. E. John Heidsieck
Mrs. Berthe L. Hernanos
Mrs. James Norman Hill
Clarence M. Hyde
James H. Jones
Mrs. Augustus D. Julliard
Mrs. James M. Kingston
Mrs. Sidney A. Kirkman
William G. Low

BENEFACTORS—*Continued*

Mrs. James McLean
Clarence H. Mackay
John Markle
John Mayer
Mrs. John Godfrey Moore
Junius S. Morgan, Jr.
Oswald Ottendorfer
Mrs. Harold E. B. Pardee
The Pleasant Street Foundation
William H. Porter
William E. Randolph
Norman B. Ream
Henry Sanderson
Herbert L. Satterlee
Mrs. Herbert L. Satterlee
Irene Schwindt Foundation, Inc.
Mary Scoville
Mrs. J. Fife Symington, Jr.
Francis Lynde Stetson
Henry A. C. Taylor
Mrs. George G. Tenney
Mrs. Vanderbilt
Mrs. Fred W. Vanderbilt
Mrs. Sidney Webster
F. Delano Weekes
Grace G. Wilkes
George G. Williams
Egerton L. Winthrop
Mrs. Robert Winthrop
Anna Woerishoffer

DISTRIBUTION OF BEDS

OBSTETRICAL	*Adult*	*Bassinets*
Private	16	16
Semiprivate	33	31
Pavilion	70	60
Total	119	107
GYNECOLOGICAL		
Private	10	
Semiprivate	26	
Pavilion	44	
Total	80	
Total Adult Beds	199	
Total Bassinets	107	
Total	306	

DISCHARGES

OBSTETRICAL (Adults)			
Private	800		
Semiprivate	2,233		
Pavilion	3,096	6,129	
GYNECOLOGICAL			
Private	422		
Semiprivate	1,402		
Pavilion	874	2,698	8,827
NEWBORN			5,030
INFANT BOARDERS			5
Total			13,862

SUMMARY OF OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932—December 31, 1961

TOTAL NUMBER	
* Obstetrical adult patients	138,665
* Infants	114,505
Gynecological patients	50,405
Grand Total	303,575

* Includes John E. Berwind Free Maternity Service operated by this department from September 1, 1932 to May 1, 1942.

STATISTICS

OBSTETRICAL DEPARTMENT

January 1, 1961—December 31, 1961

TOTAL DISCHARGES	*Number*	*Per Cent of 6,129 Adult Discharges*
*Abortion, operative	481	7.8
Abortion, spontaneous	41	0.7
Premature operative delivery	159	2.6
Premature spontaneous delivery	231	3.8
Full term operative delivery	1,593	26.0
Full term spontaneous delivery	2,991	48.8
Ectopic pregnancy (30 tubal)	30	0.5
Hydatidiform mole (5 benign)	5	0.1
Discharge before delivery	523	8.5
Postpartum (within 6 weeks)	66	1.1
Postpartum (after 6 weeks)	8	0.1
Died undelivered	1	0.02
Infant boarders	5	
Total	6,134	

ETHNIC GROUP (Pregnancies)	*Number*	*Per Cent*
Puerto Rican	462	8.4
Nonwhite	727	13.1
Other	4,342	78.5
Total	5,531	100.0

PRESENTATION (Full Term and Premature Deliveries)	*Number*	*Per Cent*
Vertex	4,748	95.4
Breech	181	3.6
Brow	9	0.2
Face	6	0.1
Transverse	13	0.3
Compound	9	0.2
Oblique	3	0.1
Not known	5	0.1
Total	4,974	100.0

* In this report weight is the standard for classification of infants as follows:

	Weight in Grams
Abortion	Less than 500
Premature infant	500–2499
Full Term infant	2500 and over

OPERATIONS (Full Term and Premature Deliveries)	*Number*		*Per Cent of Total Deliveries*	
Forceps				
Low	588		11.8	
Low-Mid	547		11.0	
Mid	118		2.4	
High	6	1,259	0.1	25.3
Forceps, rotation instigated only	2		0.04	
Breech with forcepts to after-coming head (6 assisted)	21		0.4	
Breech extraction (15 with MSV maneuver)	19		0.4	
Breech with MSV maneuver	35		0.7	
Assisted breech with MSV maneuver	42		0.8	
Assisted breech	9		0.2	
Version and extraction (2 on second twin)	2		0.04	
Cleidotomy	1		0.02	
Craniotomy	2		0.04	
Conversion of compound presentation to vertex	1		0.02	
Attempted version followed by spontaneous evolution of Douglas	1		0.02	
Decompression of cystic mass, followed by breech extraction	1		0.02	
Decomposition of locked twins followed by assisted breech with MSV maneuver, Twin A	1		0.02	
Vacuum extraction	34		0.7	
Manual removal of placenta	70		1.4	
Cesarean Section				
Classical	15		0.3	
Low cervical	232		4.7	
Radical (hysterectomy)	5	252	0.1	5.1
TOTAL OPERATIVE DELIVERIES		1,752	35.2	
Episiotomy (sponteneous and operative deliveries)		3,893	78.3	
Repair of third degree laceration (spontaneous and operative deliveries)		247	5.0	

INDICATIONS FOR CESAREAN SECTION	*Number*	*Per Cent of Cesarean Sections*
Contracted Pelvis and Mechanical Dystocia		
Fetopelvic disproportion (13 breech)	38	15.1
Contracted pelvis	3	1.2
Presentation (6 transverse, 1 brow)	7	2.8
Previous Shirodkar procedure	21	8.3

INDICATIONS FOR CESAREAN SECTION—*Continued*	*Number*		*Per Cent of Cesarean Sections*	
Contracted Pelvis and Mechanical Dystocia—*Continued*				
Previous vaginal plastic	4		1.6	
Lack of progress	8		3.2	
Desultory labor	1		0.4	
Previous hysterotomy and evacuation of hydatidiform mole	1	83	0.4	33.0
Previous cesarean section	92		36.5	36.5
Previous myomectomy	3		1.2	1.2
Hemorrhage				
Placenta previa	13		5.2	
Premature separation of placenta	8	21	3.2	8.3
Intercurrent Disease				
Diabetes	3		1.2	
Renal disease	1	4	0.4	1.6
Miscellaneous				
Elderly primipara	11		4.4	
Prolapsed cord	13		5.2	
Fetal distress	22		8.7	
Failed forceps	1		0.4	
Infertility 8 years	1		0.4	
Past term, unengaged head and PRM.	1	49	0.4	19.4
Total Indications		252		100.0

INCIDENCE OF CESAREAN SECTION

	Per Cent
Total	5.1
Private	6.5
Pavilion	3.7

OBSTETRICAL COMPLICATIONS

IN TOTAL DELIVERIES	*Number*	*Per Cent*
Couvelaire uterus	1	0.02
Placenta previa	19	0.4
Premature separation of placenta	52	1.0
Suspected marginal sinus rupture	19	0.4
First trimester bleeding	553	11.1
Second trimester bleeding	172	3.5
Third trimester bleeding	262	5.3
Rupture of uterus	2	0.04
Rupture of uterus, incomplete	1	0.02

OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL DELIVERIES—*Continued*	*Number*	*Per Cent*
Defects in previous uterine scars	14	0.3
Postpartum hemorrhage (C.S. excluded)	66	1.4
Postpartum hemorrhage (C.S. included)	121	2.4
Puerperal bleeding	60*	1.2
Contracted pelvis, or borderline pelvis	139	2.8
Prolonged labor	12	0.2
Prolapsed cord	24	0.5
Fetal distress	334	6.7
Incarcerated uterus (postpartum admission)	1	0.02
Uterine dysfunction	9	0.2
Rupture of varicose vein with shock A.P.	1	0.02
Cord rupture during delivery	1	0.02
Rupture of vaginal varicose vein during delivery	1	0.02
Cervix clamped around infant's neck	1	0.02
IN TOTAL PREGNANCIES (Deliveries and Abortions)		
Toxemia Total	254	4.6
Antepartum eclampsia	1	0.02
Intrapartum eclampsia	1	0.02
Severe preeclampsia	27	0.5
Mild preeclampsia	146	2.6
Hypertensive disease and severe preeclampsia	4	0.1
Hypertensive disease and mild preeclampsia	9	0.2
Hypertensive disease	50	0.9
Renal disease and severe preeclampsia	3	0.05
Renal disease and mild preeclampsia	1	0.02
Renal, hypertensive disease and severe preeclampsia	1	0.02
Renal hypertensive disease and mild preeclampsia	1	0.02
Renal disease and hypertensive disease	8	0.1
Unclassified	2	0.04
Antepartum infection	2	0.04
Intrapartum infection (25 among abortions)	41	0.7
Febrile postpartum course	48	0.9
—puerperal infection	37	0.7
—mastitis	2	0.04
—pyelitis	6	0.1
—intercurrent disease (3 urinary, 1 Hodgkins disease)	4	0.1
—other (2 infected hematomas, 1 abd., 1 vag.; infected second degree laceration)	3	0.05
One day fever	134	2.4
Antepartum breast abscess	2	0.04

* Includes 37 postpartum admissions, whether or not delivered here.

OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL PREGNANCIES (Deliveries and Abortions)—*Continued*	*Number*	*Per Cent*
Anemia		
Antepartum (Ht. 35 or less, Hgb. 11 or less) without diagnosis of specific anemia	1,499	27.1
Postpartum (Ht. 35 or less, Hgb. 11 or less)	519	9.4
Thrombophlebitis		
Antepartum	12	0.2
Postpartum	55	1.0
Hydramnios	28	0.5
Abdominal wound hematoma	4	0.1
Vaginal or perineal hematomas	33	0.6
Wound infection (abdominal)	1	0.02
Wound dehiscence (abdominal, 1 superficial)	4	0.1
Infected episiotomy, or separation of episiotomy	3	0.05
Fistula, rectovaginal	1	0.02
Paralytic ileus (2 preoperative)	5	0.1
Peritonitis	1	0.02
Questionable septicemia (4 in abortions)	6	0.1
Traumatic neuropathy left lateral femoral cutaneous nerve	1	0.02
Lack of sphincter control postpartum due to ?pressure on pudendal nerve	1	0.02
Pulmonary infarct	1	0.02
Tachycardia	1	0.02
Massive necrosis of liver after transfusion (postpartum admission)	1	0.02
Intestinal obstruction pre and post laparotomy, prolapse of colostomy and multiple complications in patient with pelvic abscess admitted postpartum to induced abortion	1	0.02
Parametritis (low grade fever one day)	1	0.02
Endometritis (one day, or low grade fever)	15	0.3

PREVIOUS CESAREAN SECTION BY OUTCOME OF PREGNANCY

DELIVERIES	*Full Term*	*Premature*	*Total*	*Per Cent of Previous C.S.*
Cesarean Section	85	6	91	61.5
Vaginal Operative	31	1	32	21.6
Spontaneous	19	6	25	16.9
Total	135	13	148	100.0
ABORTIONS			23	
Total Previous C.S.			171	

ANTEPARTUM AND CONCURRENT CONDITIONS

IN TOTAL PREGNANCIES (Deliveries and Abortions)	*Number*	*Per Cent*
GYNECOLOGIC		
Cancer of ovary previously resected	1	0.02
Myoma	125	2.3
Endometrial polyp	1	0.02
Ovarian cyst	51	0.9
Endometriosis or history of endometriosis	10	0.2
Invasive carcinoma of cervix, Stage II	1	0.02
Carcinoma of cervix in situ	1	0.02
History of carcinoma of cervix in situ	5	0.1
Cervical polyp	33	0.6
Cystic cervix	87	1.6
Bartholin's duct cyst	8	0.1
Batholin's duct abscess	2	0.04
Condylomata	5	0.1
Vaginal inclusion cyst	13	0.2
Other gynecologic tumors	46	0.8
Vaginal stricture	2	0.04
Lacerated cervix	237	4.3
Incompetent cervical os	24	0.4
Old complete laceration	4	0.1
Cystocele	99	1.8
Rectocele	55	1.0
Urethrocele	6	0.1
RVO	11	0.2
Prolapsed ovary	1	0.02
Vulval varicosities	77	1.4
Bicornuate uterus	9	0 2
Other uterine anomaly (3 double, 1 arcuate, 2 septate, 1 asymmetrical, 4 other or questionable)	11	0.2
Vaginal septum	5	0.1
Tuberculous cervicitis	1	0.02
Chronic cervicitis	108	1.9
Other gynecologic disease	285	5.2
MEDICAL (Except Gynecologic Disease)		
Circulatory		
Heart disease	90	1.6
Potential or probable heart disease	18	0.3
Previous valvulotomy	3	0.05
Previous closure of atrial septal defect	1	0.02
Previous portal caval shunt for esophageal varices	1	0.02
Previous repair of coarctation of aorta	1	0.02
Hemorrhoids	100	1.8
Varicose veins (not vulval)	429	7.6
Chronic thrombophlebitis	2	0.04
Edema	113	2.0
Other circulatory	30	0.5

ANTEPARTUM AND CONCURRENT CONDITIONS
—Continued

MEDICAL (Except Gynecologic Disease) —*Continued*	*Number*	*Per Cent*
Respiratory		
Tuberculosis, pulmonary total	69	1.2
Active	6	0.1
Inactive	57	1.0
Questionable	6	0.1
Bronchiectasis	2	0.04
Pneumonia (6 A. P.)	9	0.2
Recurrent spontaneous pneumothorax	1	0.02
Atelectasis, chronic	1	0.02
Asthma, and history of asthma	99	1.8
Bronchitis	36	0.7
Previous lobectomy, pneumonectomy, thoracotomy	9	0.2
Influenza	3	0.05
Upper respiratory infection	66	1.2
Other respiratory	43	0.8
Digestive		
Regional enteritis	1	0.02
Appendicitis	1	0.02
Chronic colitis	2	0.04
Ulcerative colitis or history of	4	0.1
Hernia, total	16	0.3
Umbilical	13	0.2
Ventral	1	0.02
Diaphragmatic	1	0.02
Femoral	1	0.02
Cirrhosis of liver	2	0.04
Infectious hepatitis (1 anicteric)	5	0.1
Serum hepatitis	1	0.02
Jaundice, unknown etiology	1	0.02
Persistent gastroesophageal reflux	1	0.02
Cholecystitis, cholelithiasis	12	0.2
Intestinal infestation	2	0.04
Tropical sprue	2	0.04
Gastroenteritis	6	0.1
Gastric ulcer or history of gastric ulcer	15	0.3
Dental caries	43	0.8
Gingivitis	3	0.05
Other digestive	76	1.4
Urinary		
Probable acute nephritis	1	0.02
Nephrosis secondary to lupus erythematosus	1	0.02
Chronic renal disease	27	0.5
Calculus	2	0.04

ANTEPARTUM AND CONCURRENT CONDITIONS —*Continued*

MEDICAL (Except Gynecologic Disease)—*Continued*	*Number*	*Per Cent*
Urinary—Continued		
Congenital renal aneurysm	1	0.02
Other anomaly of kidney or ureter	6	0.1
Pyelitis, antepartum	52	0.9
Cystitis	9	0.2
Albuminuria, undertermined etiology	2	0.04
Other urinary tract infection		
Antepartum	51	0.9
Postpartum	57	1.0
Other urinary	34	0.6
Blood and Blood-Forming Organs		
Previous splenectomy for splenic anemia, 1 with question of transmission to infant	2	0.04
Congenital non-spherocytic anemia	1	0.02
Von Willebrandt's disease	2	0.04
Iron deficiency anemia	816	14.8
Hypofibrinogenemia, or question of	9	0.2
Coagulation or bleeding defect	1	0.02
Sickle cell anemia, trait	14	0.3
Cooley's anemia	6	0.1
Hemolytic anemia due to ingestion of fava beans	1	0.02
Anemia secondary to other disease (2 renal, 1 Hodgkin's disease, 1 infected induced abortion)	4	0.1
Anemia secondary to blood loss, antepartum.	27	0.5
Anemia, etiology undetermined	13	0.2
Anemia, megaloblastic	1	0.02
Endocrinological and Nutritional		
Diabetes	33	0.6
History of Stein-Leventhal syndrome	1	0.02
Pituitary deficiency	1	0.02
Diseases of thyroid or previous thyroidectomy	95	1.7
Previous parathyroidectomy	1	0.02
Obesity	32	0.6
Excessive weight gain	70	1.3
Malnutrition	2	0.04
Others	9	0.2
Mental, Nervous and Sense Organs		
Mental disease	38	0.7
Epilepsy	22	0.4
Convulsive or other seizures ? etiology	9	0.2
Multiple sclerosis	2	0.04
Myasthenia gravis	1	0.02
Probable cerebral embolus A. P	1	0.02
Previous cerebrovascular accident	2	0.04

ANTEPARTUM AND CONCURRENT CONDITIONS —*Continued*

MEDICAL (Except Gynecologic Disease)—*Continued*	*Number*	*Per Cent*
Mental, Nervous and Sense Organs—Continued		
Bell's palsy	3	0.05
Sydenham's chorea	1	0.02
History of poliomyelitis	7	0.1
Neurosis, anxiety	30	0.5
Other nervous	22	0.4
Diseases of eye and ear	31	0.6
Cancer and Other Tumors		
Cancer (currently active 1 breast, 2 Hodgkin's disease, 8 postoperative or postradiation)	11	0.2
Boeck's sarcoid	2	0.04
Breast tumor	35	0.6
Nevi, sebaceous cyst etc. of skin	27	0.5
Other non-malignant tumors	12	0.2
Skin		
Erythema multiforme	2	0.04
Abnormality of pigmentation	1	0.02
Lupus erythematosus	7	0.1
Weber-Christian disease	1	0.02
Cellulitis, furunculosis, etc	17	0.3
Herpes gestationis	1	0.02
Herpes simplex	1	0.02
Psoriasis	3	0.05
Dermatitis, acne, etc	41	0.7
Congenital ichthyosis	1	0.02
Impetigo	1	0.02
Others of skin	5	0.1
Bone and Muscle		
Previous hemipelvectomy for sarcoma	1	0.02
Congenital deformities	13	0.2
Scoliosis	37	0.7
Arthritis	15	0.3
Previous fracture of pelvis	2	0.04
Others of bone and muscle	24	0.4
Miscellaneous Diseases		
Chickenpox	3	0.05
Rubella	4	0.1
Gonorrhea	1	0.02
Syphilis, or history of syphilis	36	0.7
Drug addiction or history of drug addiction	6	0.1
Alcoholism or history of alcoholism	1	0.02
Tuberculosis, non-pulmonary	5	0.1
Coccidioidomycosis	1	0.02
Histoplasmosis	1	0.02
History of drug allergy	312	5.6

SURGERY COMPLICATING PREGNANCY

DURING PREGNANCY

Exploratory laparotomy	1
Exploratory laparotomy and other procedure	7
Resection of ovary	7
Myomectomy	2
Maneuvering of myoma without removal	1
Unilateral salpingectomy and oophorectomy	2
Cholecystectomy (common duct exploration in one)	3
Exploration of common duct with T tube implantation and biopsy of liver	1
Appendectomy for appendicitis (diagnosis not confirmed in one)	7
Appendectomy, incidental	6
Secondary closure of abdominal wound	1
Incision and drainage of abdominal wound abscess	1
Excision of vaginal septum	1
Radical mastectomy and bilateral oophorectomy	1
Mitral valvulotomy	2
Thyroidectomy	3
Repair of intrapartum spontaneous laceration of cul-de-sac	1
Transabdominal amniotic tap (twice in each of 2 individuals)	2
Repair of incompetent cervical os	32
Repair of incompetent cervix attempted, not completed	1
Removal of cervical suture (Shirodkar)	9
Colpotomy	3
Cul-de-sac aspiration	9
Excision of papillomata of vagina and cervix	1
Cervical polypectomy	3
Biopsy of cervix	5
Insertion of radium, twice, for Stage II carcinoma of cervix	1
Excision of breast tumor	6
Biopsy of breast	1
Biopsy of liver	1
Renal biopsy	1
Biopsy of bone marrow	2
Incision and drainage of breat abscess	1
Incision and drainage of Bartholin's duct abscess (marsupialization in 1)	3
Incision and drainage of labial abscess	1
Incision and drainage of buttock abscess	2
Incision and drainage of perirectal abscess	2
Incision and drainage of abscess of axilla	1
Incision and drainage in area of abscessed molars	1
Hemorrhoidectomy	2
Intercostal nerve block for chest pain, repeated	1
Excision of nevi, benign tumors	5
Extraction of teeth	17
Total	160

SURGERY COMPLICATING PREGNANCY—*Continued*

AT TERMINATION OF PREGNANCY

AT CESAREAN SECTION	
Hysterectomy (1 total, 4 subtotal)	5
Myomectomy	1
Oophorectomy	1
Salpingectomy	1
Resection of ovary	1
Excision of hydatid of Morgagni	1
Repair of uterine defect	4
Excision of previous scar of uterine repair and repair of uterine defect	1
Repair of sulcus extension of uterine incision	2
Repair of incisional hernia	1
Repair of ventral hernia	1
Revision of anterior abdominal wall (for marked diastasis recti)	1
Excision of old abdominal scar	2
Repair of rent in right broad ligament	1
Suture of bladder rent	1
Lysis of adhesions	3
Appendectomy	33
Tubal sterilization	21
AT TERMINATION OF ECTOPIC PREGNANCY	
Unilateral salpingectomy	16
Unilateral partial salpingectomy	5
Bilateral partial salpingectomy	3
Salpingostomy	3
Salpingotomy	2
Excision of tubal pregnancy	1
Other procedures associated with above:	
Tuboplasty	7
Total hysterectomy (old ectopic pregnancies)	2
Unilateral oophorectomy	3
Bilateral ovarian wedge resection	1
Unilateral resection of ovary	1
Resection of paraovarian cyst	2
Lysis of adhesions	1
Excision of abdominal scar	1
Appendectomy	8
Dilatation and curettage	9
Aspiration of cul-de-sac	12
Colpotomy	2
Biopsy of cervix	4
AT OTHER ABORTION (Including 10 therapeutic abortions)	
Hysterotomy	3
Dilatation and curettage, vaginal hysterectomy, anterior and posterior colporrhaphy	2

SURGERY COMPLICATING PREGNANCY—*Continued*

AT TERMINATION OF PREGNANCY—*Continued*

AT OTHER ABORTION—*Continued*

Dilatation and curettage, laparotomy, presacral neurectomy and resection of infundibulopelvic ligaments	1
Resection of ovary	2
Suture of ovary	1
Appendectomy, incidental	2
Extraction of myoma	1
Preconceptional Shirodkar (at time of completion of abortion)	1
Colpotomy and drainage of pelvic abscess	1
Colpotomy	3
Aspiration of cul-de-sac	4
Removal of products of conception with ovum forceps (placenta 1, hydatidiform mole 1)	2
Hymenotomy	2
Tamponade of uterus	1
Tubal sterilization	2
Excision of vaginal polyp	1
Cervical polypectomy	1
Biopsy of cervix	37
Marsupialization of bilateral Bartholin's duct cysts	1

AT VAGINAL DELIVERY

Cervical repair	48
Total	280

IN THE POSTPARTUM PERIOD

Exploratory laparotomy and other procedure	2
Total hysterectomy and repair of rent in bladder	1
Unilateral salpingectomy and oophorectomy	1
Resection of ovarian cysts	1
Excision of peritoneal cyst	1
Suspension of uterus	1
Tubal sterilization	18
Lysis of adhesions	1
Nephrectomy	1
Colostomy	1
Colpotomy and drainage of pelvic abscess	1
Appendectomy, incidental	5
Secondary closure of abdominal wound dehiscence	2
Posterior colporrhaphy	1
Plastic repair of old perineal body defect	1
Repair of rectovaginal septum after evacuation of hematoma	1
Clamping and suturing of ruptured varicose veins of vagina	1
Secondary repair of episiotomy	17
Repair of rectovaginal fistula	1
Repair of vaginal lacerations, and perineal lacerations	9
Removal of Shirodkar suture	2
Cervical repair	2
Dilatation and curettage	39

SURGERY COMPLICATING PREGNANCY—*Continued*

IN THE POSTPARTUM PERIOD—*Continued*

Curettage	6
Tamponade of uterus	10
Packing of vagina	2
Exploration of uterine cavity	2
Tamponade of sulcus tear with extension into broad ligament	1
Evacuation of vaginal hematoma	17
Excision of vaginal or vulval cysts	6
Coagulation of cervix	1
Biopsy of cervix	8
Excision of breast tumor	2
Incision and drainage of breast abscess	3
Incision and evacuation of thrombosed hemorrhoids	1
Hemorrhoidectomy	5
Excision of rectal polyp	1
Incision and drainage of paronychia	2
Removal of plates of left humerus and neurolysis of left arm at Hospital for Special Surgery, two days postpartum	1
Biopsy of liver	1
Rhinoplasty	1
Tracheotomy	2
Excision of axillary lipoma	1
Excision of papilloma of tongue	1
Excision of hemangioma	1
Excision of xanthoma of finger	1
Excision of scar of neck (keloid)	1
Excision of nevi, papillomata and sebaceous cysts	21
Tooth extraction	1
Total	211

NON-OPERATIVE PROCEDURES AMONG PATIENTS WHO DELIVERED

	Number	*Per Cent of Total Deliveries*
Induction without pitocin	2	0.04
Induction with pitocin alone	191	3.8
Induction-rupture of membranes alone	105	2.1
Induction with pitocin and rupture of membranes	120	2.4
Induction—rupture of membranes and stimulation with pitocin	61	1.2
Stimulation of labor with pitocin alone	565	11.4
Cystoscopy	1	0.02
Proctoscopy	1	0.02
Vaginal examination—intrapartum	4,201	84.5
Exploration of uterine cavity at delivery	170	3.4
Transfusion (number of patients receiving transfusions*)	149	3.0

* The total number of obstetrical patients receiving transfusions was 265.

ANTEPARTUM DISCHARGES

PRIMARY REASON FOR ADMISSION

OBSTETRICAL COMPLICATIONS	*Number*	*Per Cent of Antepartum Discharges*
False labor	142	27.1
Antepartum bleeding (1st trimester, 22; 2nd, 21; 3rd, 37)	80	15.3
Threatened abortion	46	8.8
Premature rupture of membranes	7	1.3
For consideration of C. S.	1	0.2
For consideration of induction	6	1.1
Toxemia or suspected toxemia	8	1.5
Vomiting	10	1.9
Diagnosis of pregnancy	1	0.2
Thrombophlebitis	9	1.7
Hydronephrosis and hydroureter	2	0.4
Suspected placenta previa	3	0.5
Hydramnios (one necessitating transabdominal tap twice)	5	0.9
Jaundice of pregnancy	1	0.2
History of habitual abortion	1	0.2
GYNECOLOGICAL COMPLICATIONS		
Operative		
Major abdominal	7	1.3
Minor (includes 21 repairs of incompetent cervical os)	34	6.5
Non-Operative		
Examination under anesthesia	9	1.7
Evaluation of double uterus	1	0.2
Probable bacteremia secondary to pelvic inflammatory disease	1	0.2
Chemical peritonitis due to douche powder containing salicylic acid	1	0.2
Vaginal and cervical ulcer	1	0.2
Severe vulvitis	1	0.2
Early latent lues with bilateral lymphadenitis	1	0.2
Ovarian cyst and confirmation of pregnancy	1	0.2
Cervical polyp	1	0.2
MEDICAL AND SURGICAL COMPLICATIONS (Excluding Gynecological Disease)		
Operative		
Major abdominal	10	1.9
Major non-abdominal	3	0.5
Minor	10	1.9
Non-Operative		
Evaluation post valvulotomy	1	0.2
Evaluation prior to and post thyroidectomy	2	0.4
Question of rheumatic fever	1	0.2

ANTEPARTUM DISCHARGES—*Continued*

PRIMARY REASON FOR ADMISSION—*Continued*

MEDICAL AND SURGICAL COMPLICATIONS (Excluding Gynecological Disease) —*Continued*	*Number*	*Per Cent of Antepartum Discharges*
Non-Operative—Continued		
Rheumatic heart disease with respiratory complications	3	0.5
Rheumatic heart disease, other	8	1.5
Active pulmonary tuberculosis	1	0.2
Pneumonia, bronchial	1	0.2
Asthma	8	1.5
Bronchitis	1	0.2
Streptococcal throat infection	1	0.2
Upper respiratory infection	2	0.4
Anicteric hepatitis	1	0.2
Acute cholecystitis	1	0.2
Abnormal liver function secondary to malnutrition	1	0.2
Suspected appendicitis	1	0.2
Hepatosplenomegaly	2	0.4
Irritable duodenal bulb syndrome	1	0.2
Acute gastritis	1	0.2
Gastroenteritis	6	1.1
Gastrointestinal viral disorder	1	0.2
Impacted feces	1	0.2
Acute glomerulonephritis	1	0.2
Renal and hypertensive disease	1	0.2
Albuminuria, undetermined etiology	1	0.2
Pyelitis	28	5.3
Urinary calculus	1	0.2
Hemorrhagic cytitis	1	0.2
Cystitis	2	0.4
Hematuria	1	0.2
Urinary tract infection	4	0.8
Sickle cell HbC disease (crisis)	1	0.2
Severe iron deficiency anemia	2	0.4
Hyperplasia of bone marrow	1	0.2
Arthritis	1	0.2
Tendonitis	1	0.2
Strained ligament	1	0.2
Diabetes	10	1.9
Question of small subarachnoid hemorrhage or cerebral vascular spasm	1	0.2
Seizures, question of hysterical	1	0.2
Acute depressive reaction	1	0.2
Over ingestion of sleeping pills	1	0.2
Sciatic nerve pain	1	0.2
Severe headache and fatigue	1	0.2
Abdominal pain, undetermined etiology	13	2.5
Total	524	100.0

POSTPARTUM ADMISSIONS

PRIMARY REASON FOR ADMISSION

	Number	*Per Cent of Postpartum Admissions*
Exploratory laparotomy, lysis of adhesions, suspension of uterus and resection of bilateral ovarian cysts	1	1.3
Incarceration of uterus and hemorrhage with retention of intrauterine blood until uterus displaced forward	1	1.3
Puerperal bleeding, dilatation and curettage performed	29	39.2
Puerperal bleeding, other	7	9.5
Febrile due to		
—endometritis (pelvic abscess in one)	5	6.8
—mastitis	1	1.4
—pyelitis	3	4.1
—chronic pyelonephritis	1	1.3
—massive necrosis of liver, terminal state	1	1.3
Endometritis, parametritis	4	5.4
Pelvic hematoma	1	1.4
Abdominal wound separation	1	1.4
Thrombophlebitis	2	2.7
Breast abscess	3	4.1
Admitted immediately after delivery	7	9.5
Admitted immediately after spontaneous abortion	1	1.3
Vaginal pain	1	1.3
Cholelithiasis	1	1.3
Probable viral infection	1	1.3
Abdominal pain, undetermined etiology	3	4.1
Total	74	100.0

PERINATAL MORTALITY BY CAUSE OF DEATH, TIME OF DEATH, AND BY BIRTH WEIGHT—1961

Cause of Death*	Before Labor				During Labor				Neonatal				Total			
	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total
Anoxia																
Premature separation of the placenta	2	2	1	5	..	1	1	2	..	2	..	2	2	5	2	9
Placenta previa	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	1
Cord prolapse	..	..	..	..	..	..	..	..	1	2	1	4	1	2	1	4
Cord around neck	..	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1
No Abnormal State—Maternal Complication																
Antepartum bleeding	..	..	..	..	..	..	..	..	1	..	..	1	1	..	..	1
Antepartum hypofibrinogenemia	1	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1
Antepartum hemorrhage and shock due to ruptured varicose veins of leg	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Intrapartum infection	..	..	..	..	..	1	..	1	..	..	..	..	..	1	..	1
Diabetes	..	2	..	2	..	..	..	..	..	..	..	..	..	2	..	2
Toxemia	..	3	1	4	1	..	..	1	..	..	..	..	1	3	1	5
Chronic renal and hypertensive disease	1	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1
Malformation	..	..	..	..	1	2	1	4	..	6	7	13	1	8	8	17
Abnormal Pulmonary Ventilation																
Atelectasis with hyaline membrane disease	..	..	..	..	..	..	..	..	2	11	2	15	2	11	2	15
Atelectasis without hyaline membrane disease	..	..	2	2	..	..	..	..	10	8	1	19	10	8	3	21
Hyaline membrane disease	..	..	..	..	..	..	..	..	..	5	1	6	..	5	1	6
Aspiration of amniotic fluid	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1

(Continued on page 56)

PERINATAL MORTALITY BY CAUSE OF DEATH, TIME OF DEATH, AND BY BIRTH WEIGHT—1961—*Continued*

*Cause of Death**	*Before Labor*				*During Labor*				*Neonatal*				*Total*			
	500-999	*1000-2499*	*2500+*	*Total*	*500-999*	*1000-2499*	*2500+*	*Total*	*600-999*	*1000-2499*	*2500+*	*Total*	*500-999*	*1000-2499*	*2500+*	*Total*
Infection																
Viral Meningoencephalitis	..	..	..	..	..	..	..	..	..	1	1	2	..	1	1	2
Septicemia	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
Omphalitis, early broncho-penumonia	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	1
Pneumonia	..	..	..	..	..	..	..	..	2	..	1	3	2	..	1	3
Erythroblastosis	1	2	2	5	..	..	1	1	1	..	..	1	2	2	3	7
Other Conditions or Causes																
Adrenal, subdural hemorrhages	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
Intracranial hemorrhage	..	..	..	..	..	..	..	..	2	4	1	7	2	4	1	7
Multiple hemorrhages	..	1	1	2	1	1	1	3	2	..	..	2	3	2	2	7
Intrahepatic cholestasis	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
Giant cell encephalopathy of undetermined etiology	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
Prematurity	..	1	..	1	..	3	..	3	3	2	..	5	3	6	..	9
Macerated, no cause determined	..	4	6	10	..	1	..	1	..	..	..	..	..	5	6	11
TOTAL	5	16	14	35	3	9	4	16	24	43	20	87	32	68	38	138

*Autopsies were performed in 126 of the 138 perinatal deaths.

LIVE BIRTHS, DEADBORN AND TOTAL BIRTHS, NEONATAL AND TOTAL DEATH RATES PER 100

1961

BY BIRTH WEIGHT IN GRAMS
(Including Twins)

Weight in Grams	*Live Births*	*Neonatal Deaths*	*Neonatal Death Rate Per 100 Live Births*	*Deadborn*	*Total Births (Live and Deadborn)*	*Total Deaths (Neonatal and Deadborn)*	*Total Death Rate Per 100 Total Births*
500– 999	27	24	88.9	8	35	32	91.4
1,000–1,499	37	18	48.6	13	50	31	62.0
1,500–1,999	58	14	24.1	4	62	18	29.0
2,000–2,499	270	11	4.1	8	278	19	6.8
2,500–2,999	1,063	10	0.9	6	1,069	16	1.5
3,000–3,499	2,022	4	0.2	5	2,027	9	0.4
3,500–3,999	1,168	5	0.4	3	1,171	8	0.7
4,000–4,499	296	1	0.3	3	299	4	1.3
4,500–4,999	35	..	..	1	36	1	2.8
5,000+	3	..	..	..	3	..	..
TOTAL	4,979	87	1.7	51	5,030	138	2.7
1,000 and over	4,952	63	1.3	43	4,995	106	2.1
1,500 and over	4,915	45	0.9	30	4,945	75	1.5
2,500 and over	4,587	20	0.4	18	4,605	38	0.8

MATERNAL MORTALITY FOR PERIOD

September 1, 1932—December 31, 1961

PAVILION, PRIVATE AND BERWIND OUTDOOR SERVICES

During this period there were 128 deaths in 138,665 discharged patients, a maternal mortality rate of 0.9 per 1,000 patients discharged, or 1.0 per 1,000 pregnancies. In 1961 there were 3 deaths. The causes of death for the total period are shown in the following table:

Cause of Death	*1932 to 1937*	*1938 to 1942*	*1943 to 1947*	*1948 to 1952*	*1953 to 1957* *†	*1958* ‡	*1959* §	*1961*	*Total*	*Grand Total*	*Per Cent Total*
Infection											
Antepartum	1	..	..	..	..	..	..	..	1		
Postpartum											
Puerperal infection	4	..	1	..	..	..	..	..	5		
Peritonitis following C. S	5	1	..	..	..	..	..	..	6	20	15.6
Peritonitis following ruptured appendix	..	2	..	..	..	..	..	..	2		
Postabortal	1	3	..	1	1	..	..	..	6		
Pneumonia											
Antepartum	2	..	..	..	..	..	..	..	2	8	6.2
Postpartum	4	..	1	..	1	..	..	..	6		
Hemorrhage											
Antepartum											
Placenta previa	1	..	..	..	..	..	..	..	1		
Premature separation of placenta	3	..	..	..	..	..	..	..	3		
Postpartum											
Vaginal delivery	4	2	3	..	..	..	..	..	9	19	14.8
Following cesarean section	2	1	..	..	..	..	..	..	3		
Ruptured uterus	1	1	..	..	..	..	..	..	2		
Ectopic pregnancy	..	1	..	..	..	..	..	..	1		
Toxemia											
Acute yellow atrophy	2	1	..	..	..	..	..	..	3	5	3.9
Eclampsia	1	..	..	1	..	..	..	..	2		
Cardiac disease											
Antepartum	2	3	3	5	3	..	..	..	16	23	18.0
Postpartum	3	1	..	1	1	..	1	..	7		
Bronchial asthma	..	..	..	..	..	..	1	..	1	1	0.8
Cushing's disease	..	..	..	..	..	..	1	..	1	1	0.8
Embolus	4	6	2	..	1	..	..	..	13	13	10.1
Massive necrosis of liver, (5 weeks after transfusions)	..	..	..	..	..	..	..	1	1	1	0.8
Pyelonephritis	2	..	..	1	1	..	..	..	4	4	3.1
Subacute glomerulonephritis	..	..	..	..	..	..	..	1	1	1	0.8
Ischemic nephrosis	..	..	..	..	1	..	..	..	1	1	0.8
Necrosis of renal cortices	..	..	1	..	..	..	..	..	1	1	0.8
Cerebrovascular accident	2	1	3	..	..	..	..	..	6	6	4.7
Anesthesia	1	1	..	..	..	..	..	..	2	2	1.5
Transfusion reaction	..	..	2	..	..	..	..	..	2	2	1.5
Tuberculous meningitis	..	..	..	..	..	1	..	..	1	1	0.8
Tuberculosis, miliary	1	..	..	..	..	..	..	..	1	1	0.8
Choriocarcinoma	1	..	1	..	..	1	..	..	3	3	2.3
Carcinoma of breast	..	..	..	3	..	..	..	..	3	3	2.3
Carcinoma of liver	..	..	1	..	..	..	..	..	1	1	0.8
Carcinoma of thyroid	..	..	1	..	..	..	..	..	1	1	0.8
Melanocarcinoma skin of right buttock	..	..	..	1	..	..	..	..	1	1	0.8
Sarcoma (neurogenic) left buttock	..	..	1	..	..	..	..	..	1	1	0.8
Sarcoma (neurogenic) peroneal nerve	..	..	..	..	1	..	..	..	1	1	0.8
Sarcoma (reticulum cell)	..	..	..	..	1	..	..	..	1	1	0.8
Postoperative to granulosa cell tumors of ovaries (benign ?)	..	..	..	..	1	..	..	..	1	1	0.8
Blood dyscrasia-erythroblastic splenomegaly	1	..	..	..	..	..	..	..	1	1	0.8
Sickle Cell Hb C disease (crisis)	..	..	..	..	..	..	..	1	1	1	0.8
Suicide (undelivered)	1	..	..	..	..	..	..	..	1	1	0.8
Colitis, subacute	..	1	..	..	..	..	..	..	1	1	0.8
Not determined (insufficient data)	1	..	..	..	..	..	..	..	1	1	0.8
TOTAL	50	25	20	13	12	2	3	3	128	128	100.0

* there were no maternal deaths in 1954 or 1960.
† Two of these deaths occurred after transfer to other services in the main hospital.
‡ One of these deaths occurred after transfer to another service in the hospital.
§ Two deaths occurred in patients admitted to other services in the hospital via Emergency Room.

STATISTICS

GYNECOLOGICAL DEPARTMENT

January 1, 1961—December 31, 1961

TOTAL DISCHARGES		2,698
Race		
White	2,414	
Non White	284	
TOTAL	2,698	

DIAGNOSIS ON DISCHARGE

Vulva	
Bartholin's gland abscess or cyst	62
Benign tumor	37
Carcinoma	3
Condylomata	6
Congenital abnormalities	8
Diseases of hymen	20
Leukoplakia	13
Lymphogranuloma	1
Vulvitis	8
Others of Vulva	45
Vagina and Perineum	
Benign tumor	24
Carcinoma	6
Congenital abnormalities	14
Cul-de-sac hernia	49
Cystocele	445
Rectocele	345
Gartner's duct tumor	2
Inclusion cyst	21
Old perineal laceration	2
Rectovaginal fistula	7
Relaxed outlet	277
Vesicovaginal fistula	8
Ureterovaginal fistula	3
Urethrovaginal fistula	1
Other fistulae	2
Stricture	10
Vaginitis	29
Others of vagina and perineum	148
Cervix	
Carcinoma, adeno (includes 2 with squamous invasive also)	8
Carcinoma, squamous (invasive)	94
Carcinoma, in situ (Stage O)	45
Basal cell hyperactivity	80
Cervicitis	1,347

CERVIX—*Continued*	
Endocervicitis	50
Congenital abnormalities	14
Descensus	140
Endometriosis	5
Erosion	270
Hyperkeratosis	85
Hypertrophy	106
Incompetent cervical os	27
Laceration	138
Leukoplakia	2
Parakeratosis	1
Myoma	10
Polyp	211
True ulcer	31
Other benign tumors	69
Squamous metaplasia	254
Stenosis	82
Cystic	1,198
Others of cervix	59
UTERUS	
Atrophic endometrium	179
Adenomyoma	12
Adenomyosis	91
Carcinoma	57
Congenital abnormalities	26
Endometriosis	18
Endometritis	3
Hyperplasia of endometrium	198
Hematometra	1
Menorrhagia	891
Metrorrhagia	835
Myoma	979
Polyp	204
Pyometria	2
Procidentia	55
Retroversion	324
Other malposition	68
Sarcoma	8
Others of uterus	186
TUBE	
Benign tumor	4
Congenital abnormalities	7
Endometriosis	9
Hematosalpinx	2
Hydrosalpinx	34
Pyosalpinx	3
Perisalpingitis	19
Salpingitis	128
Tubo-ovarian abscess	3
Others of tube	110

DIAGNOSIS ON DISCHARGE—*Continued*

Ovary	
Carcinoma	32
Pseudomucinous cyst, malignant	1
Carcinoma arising in dermoid cyst	2
Fibrosarcoma	1
Cystadenofibroma with malignant changes	1
Papillary adenocarcinoma ? ovarian or endometrial origin	1
Congenital abnormalities	7
Corpus hemorrhagicum	37
Corpus luteum cyst	50
Dermoid cyst	28
Endometrial cyst	51
Endometriosis	30
Fibroma, fibroadenoma	27
Follicular cyst	34
Brenner tumor, benign	1
Granulosa cell cyst, benign	2
Perioophoritis	33
Parovarian cyst	13
Perihperal sclerosis	46
Prolapse	22
Pseudomucinous cyst, cystadenoma	11
Serous cystadenoma	34
Simple retention cyst	7
Thecoma	3
Other cysts and tumors	15
Others of ovary	80
Other Conditions	
Tuberculosis of pelvis, questionable	1
Carcinoma of pelvis, site of origin unknown	1
Intraligamentary myoma	8
Intraligamentary cyst	1
Endometriosis—other genital	20
Endometriosis—extra genital	3
Peritoneal inclusion cyst	6
Pelvic abscess, cellulitis	13
Pelvic peritonitis	7
Pseudohermaphroditism	5
Stein-Leventhal syndrome	17
Syphilis or history of syphilis	21
Gonorrhea	1
Urethrocele	119
Other (miscellaneous), gynecological and associated pelvic conditions	745

CANCER ADMISSIONS

1961

	New Cases	*First Admissions of 1961*	*Total Admissions in 1961*
Cervix Uteri			
Invasive, Stages I-IV	46	64	100
Intraepithelial, Stage O	25	32	45
Corpus Uteri			
Carcinoma	30	38	57
Sarcoma	2	7	8
Ovary			
Carcinoma	15	26	32
Other	6	6	6
Vulva	2	3	3
Vagina	4	4	6
Bladder	1	2	2
Urethra	1	2	3
Pelvis, Site of Origin Unknown	1	1	1
Total	133	185	263

OPERATIONS

Major	916
Minor	1,531
Total	2,447

TOTAL OPERATIONS AND PROCEDURES PERFORMED ON PATIENTS DISCHARGED FROM GYNECOLOGICAL SERVICE 1961*

Vaginal and Perineal	
Dilatation of cervix	8
Dilatation and curettage	1,815
Tubal insufflation	1
Cone biopsy of cervix	34
Other biopsy of cervix	1,039
Other biopsy	61
Insertion of pessary	38
Insertion of radium	56
Cauterization of cervix	45
Bartholin's excision	20
Bartholin's incision and drainage, or marsupialization	21
Removal condylomata	4
Removal inclusion cyst	6
Hymenotomy	12
Cervical repair	7
Polypectomy	97
Amputation cervix	38
Vulvectomy	8
Perineorrhaphy	2
Anterior colporrhaphy	212
Posterior colporrhaphy	190
Other vaginoplasty	23
Vaginectomy	7
Vaginal myomectomy	7
Repair cul-de-sac hernia	28
Vaginal hysterectomy	125
Shirodkar procedure	27
Colpotomy	22
Excision of cervical stump	21
Other vaginal operations	179
Abdominal Gynecological Operations	
Total hysterectomy	344
Subtotal hysterectomy	5
Myomectomy	76
Suspension associated with other surgery	33
Radical pelvic eviscerectomy	5
Radical hysterectomy and lymphadenectomy	16
Salpingectomy, unilateral	88
Salpingectomy, bilateral	135
Oophorectomy, unilateral	90
Oophorectomy, bilateral	133
Resection of ovary	122
Removal of parovarian cyst	11
Tubal sterilization (7 via colpotomy)	14
Salpingostomy	22
Other abdominal operations	108
Urinary Tract Operations	
Cystectomy	6
Plication urethra	15
Suprapubic suspension urethra	19
Repair of urethrovaginal fistula	1
Repair of vesicovaginal fistula	2
Transplantation, anastomosis ureters	5
Biopsy	19
Excision urethral caruncle	5
Other operations	31
Rectal Operations	
Repair rectovaginal fistula	4
Hemorrhoidectomy	2
Polypectomy	4
Removal of rectum	2
Other operations	14
Other Abdominal Operations	
Exploratory laparotomy, no removal	18
Exploratory laparotomy, biopsy	65
Release of adhesions	83
Appendectomy	246
Repair hernia	13
Secondary closure	11
Colostomy	10
Removal peritoneal cyst	3
Other Operations	
Excision breast tumors, benign	41
Paracentesis	4
Presacral neurectomy	4
Pelvic sympathectomy	2
Other operations	99
Non-Operative Procedures	
Examination under anesthesia	2,309
Proctoscopy	121
Cystoscopy	150
Therapy, Non-Operative	
Transfusions	281
X-ray	59

* This table refers to operations and procedures performed during the patient's hospital admission.

POSTOPERATIVE COMPLICATIONS

Among 2,447 operative cases 2,020 or 82.6 per cent had no post-operative complications.

The following occurred among 427 patients who had post-operative complications:

	Number	*Per Cent of Total Operative Cases*
Febrile—etiology unknown	40	1.6
Febrile—pneumonia	5	0.2
Febrile—urinary tract infection	38	1.6
Febrile—thrombophlebitis	1	0.04
Febrile—infection operative site	12	0.5
Febrile—other cause	19	0.8
Shock—operative	4	0.2
Urinary tract infection—afebrile	82	3.4
Thrombophlebitis—afebrile	3	0.1
Pneumonia—afebrile	3	0.1

Some of the following complications occurring with a febrile course were included in the categories above also, and in some instances more than one complication occurred in the same individual:

	Number	*Per Cent of Total Operative Cases*
Cerebrovascular accident	1	0.04
Coronary occlusion	4	0.2
Other cardiac	10	0.4
Pulmonary embolus	5	0.2
Paralytic ileus	6	0.2
Intestinal obstruction	3	0.1
Atelectasis	2	0.1
Wound infection (8 abdominal)	14	0.6
Wound disruption (17 abdominal of which 7 were superficial, 1 vaginal, 1 groin)	19	0.8
Peritonitis	4	0.2
Pelvic abscess, cellulitis	5	0.2
Enterocutaneous fistula	1	0.04
Anemia	246	10.1
Hemorrhage	17	0.7
Hematoma	33	1.3
Other respiratory	16	0.7
Other urinary	19	0.8
Other digestive	7	0.3
Other circulatory	2	0.1
Psychosis or depression	4	0.2
Miscellaneous	20	0.8
TOTAL	645	

MORTALITY ON GYNECOLOGICAL SERVICE FOR THE PERIOD—September 1, 1932—December 31, 1961

During this period there were 299 deaths in 50,405 discharged patients, giving a gross mortality of 0.59% or 5.9 per thousand patients discharged.

	*Postoperative Mortality**			
	1961		*1932-1961*	
	Operations	*Deaths*	*Operations*	*Deaths*
Major	916	4	18,703	110
Minor	1,531	4	26,232	55
TOTAL	2,447	8	44,935	165

The incidence of postoperative mortality =0.3% (3.3 per thousand) for 1961 and for the whole period, 0.4% (3.7 per thousand).

The causes of death in these 299 patients are shown in the following table:

Cause of Death	*1932-1937*	*1938-1942*	*1943-1947*	*1948-1952*	*1953-1957*	*1958*	*1959*	*1960*	*1961*	*Total*
Acute leukemia	..	..	..	1	..	..	..	..	..	1
Air embolism	..	..	1	..	..	..	..	..	..	1
Asphyxia	..	..	1	..	..	..	..	..	..	1
Carcinoma of bladder	..	1	..	..	..	..	..	..	..	1
Carcinoma, bronchogenic	..	..	..	1	..	..	..	..	..	1
Carcinoma, breast	..	..	..	1	1	..	..	..	..	2
Carcinoma of cervix	3	2	10	23	10‡	4‡	3	4**	3	62
Carcinoma of colon	..	2	..	..	..	..	..	..	..	2
Carcinoma of kidney	..	..	..	..	1	..	..	..	..	1
Carcinoma of ovary	7	14	12	21	21†	5	3	5	1	89
Carcinoma of pancreas	..	..	1	..	2	..	..	..	..	3
Carcinoma of rectum	..	..	1	..	1	..	..	..	..	2
Carcinoma of sigmoid	..	..	..	1	..	..	..	..	1	2
Carcinoma of tube	..	1	..	..	2	..	..	..	..	3
Carcinoma of urethra	..	1	..	..	1	..	..	..	..	2
Carcinoma of uterus	1	5	4	11	6	1	3	1	1	33
Carcinoma of vagina	1	..	1	..	..	..	..	..	1	3
Carcinoma of vulva	..	..	1	1	1	..	..	1	..	4
Cardiac failure	1	..	1	2	2	..	..	..	1	7
Cirrhosis of liver	..	..	..	..	..	1	..	..	..	1

* "Postoperative Mortality" as used in this table includes all deaths following any operative procedure, major or minor, provided the procedure was performed during the terminal hospital stay of the patient, irrespective of the duration between operation and death.

‡ One of these patients died after transfer to the Medical Department.

† One of these patients died after transfer to the Surgical Department.

** Two of these patients died after transfer ro the Urology Department.

MORTALITY ON THE GYNECOLOGICAL SERVICE—*Continued*

Cause of Death	*1932-1937*	*1938-1942*	*1943-1947*	*1948-1952*	*1953-1957*	*1958*	*1959*	*1960*	*1961*	*Total*
Coronary thrombosis	..	1	1	1	1	..	..	..	..	4
Diabetes	..	1	1	..	..	..	..	..	..	2
Hemorrhage, cerebral	1	..	..	..	..	..	..	..	..	1
Hemorrhage, cervical myoma	1	..	..	..	..	..	..	..	..	1
Hepatic abscess	..	..	1	..	..	..	..	..	..	1
Krukenberg tumor	1	..	1	..	1	..	..	..	..	3
Leiomyosarcoma, pelvis site of origin unknown	..	..	..	1	..	..	..	..	..	1
Malignant lymphoma	..	..	..	1	..	..	..	..	..	1
Malignant melanoma, melanosarcoma	1	..	..	..	1	..	..	..	..	2
Narcosis (gas, oxygen, ether)	..	2	1	..	..	..	..	..	..	3
Nephritis	..	..	..	1	..	..	..	..	..	1
Pelvic inflammatory disease	1	..	..	..	..	..	..	..	..	1
Pelvic malignancy, site of origin unknown	2	..	..	..	5	..	..	..	..	7
Malignancy, site of origin unknown	..	..	..	..	..	1§	..	..	..	1
Peritonitis	3	1	1	..	..	..	..	..	1	6
Pneumonia	2	1	..	..	..	..	..	..	..	3
Pseudohemophilia	..	..	..	1	..	..	..	..	..	1
Pulmonary embolus	2	8	3	1	..	..	..	..	1	15
Ruptured appendix	1	1	..	..	..	..	..	..	..	2
Sarcoma of ovary	1	..	..	..	..	..	..	..	..	1
Sarcoma of pancreas	..	1	..	..	..	..	..	..	..	1
Sarcoma of uterus	1	3	4	..	2	1	..	..	..	11
Leiomyosarcoma of broad ligament	..	..	..	..	..	..	1	..	..	1
Theca granulosa cell tumor	..	1	..	..	..	..	..	..	..	1
Thromboembolism	..	..	1	..	..	..	..	..	..	1
Tuberculosis, miliary	..	..	1	..	..	..	..	..	..	1
Tuberculous peritonitis	..	..	..	1	..	..	..	..	..	1
Tubo-ovarian abscess	..	..	..	..	1	..	..	..	..	1
Uremia	..	1	..	..	..	..	..	..	..	1
Vascular accident (?)	..	..	..	..	2	..	..	..	..	2
TOTAL	30	47	48	69	61	13	10	11	10	299

§ This patient died after transfer to the Neurosurgical Department.

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7. The Barton Forceps. 20 min. running time.
8. The Piper Forceps for the Aftercoming Head. 11 min. running time.